

SCHOOL NAME
INDIVIDUAL CAREER TECHNICAL EDUCATION PLAN (ICTEP)

STUDENT NAME _____

Gender _____ **Ethnicity** _____

CTE Course _____ **CTE Instructor** _____

CTE GOAL

Strengths: _____ **Weaknesses:** _____

ICTEP Designation (*check one*):

☐ Disabled ☐ Economically Disadvantaged ☐ Non-Traditional ☐ Single Parent ☐ LEP

Special Services: Check **N** if needed; Check **P** for provided (*In blank columns insert date to begin services and name of person to provide services*):

	Date to Begin Services	Person to Provide Services	
<input type="checkbox"/> N <input type="checkbox"/> P			Tutoring/Peer Assistance
<input type="checkbox"/> N <input type="checkbox"/> P			Special Equipment/Modification
<input type="checkbox"/> N <input type="checkbox"/> P			Additional Counseling
<input type="checkbox"/> N <input type="checkbox"/> P			Support Services (e.g., Speech, Therapist, psychologist, social worker, ESL, nurse, support group)
<input type="checkbox"/> N <input type="checkbox"/> P			Fees/materials supplied
<input type="checkbox"/> N <input type="checkbox"/> P			Preferential Seating
<input type="checkbox"/> N <input type="checkbox"/> P			Teaching Assistant
<input type="checkbox"/> N <input type="checkbox"/> P			Adapt coursework/evaluation methods, adapt equipment/materials
<input type="checkbox"/> N <input type="checkbox"/> P			Other:
<input type="checkbox"/> N <input type="checkbox"/> P			Other:

☐ **Student successfully completing standards, currently needs no interventions.**

☐ **Recommended to continue/modify** (*If services did not work*).

☐ **OTHER** (*Describe*)

CTE Teacher signature: _____ Date: _____

*Chart progress, significant accomplishments, interventions/adaptations, on back.